



**King County Mental Health, Chemical Abuse and Dependency Services Division  
2006 Briefing Paper**

## **Access to Involuntary Treatment Facilities**

### **BACKGROUND:**

Over the past year, many individuals detained by Designated Mental Health Professionals and committed by Superior Courts have been denied timely admission to state hospitals due to the hospitals being over their census limits. Often, due to the absence of local psychiatric beds, patients have had to be kept overnight in hospital emergency rooms, or committed to facilities that do not provide psychiatric treatment. This lack of treatment beds creates a real risk that individuals who are a danger to themselves or others or are gravely disabled will not be provided evaluation and treatment.

### **ISSUES/CHALLENGES:**

- The state has cut 178 state hospital beds since 2001.
- While the Expanded Community Services Program helped Regional Support Networks (RSNs) transition a number of individuals out of the state hospitals, this funding has been cut by over 50%, threatening the survival of these programs.
- All individuals at state hospitals are held pursuant to the involuntary treatment law, Chapter 71.05 RCW. This law was amended in 1997, 1998, 1999 and 2001, with the intent of increasing public safety by increasing the potential for involuntary commitment. The result has been an increase in long-term hospitalizations.
- The state has lost over 100 community psychiatric hospital beds in the last few years due to the low reimbursement rate these facilities have received.
- A recently completed study of residential and hospital bed capacity and need found that an additional 680 residential and inpatient beds are needed statewide.

### **DATA:**

- Since the passage of SB 6214 in 1998, involuntary commitments have risen dramatically. Statewide, there were 94% more revocations of less-restrictive orders, 79% more 180-day commitments, and 80% more 90-day commitments in 2001 than in 1998.
- RCW 71.05.550, which deals with the recognition of county financial necessities, states: "The state shall provide financial assistance to the counties to meet all increased costs, if any, to the counties resulting from their administration of the provisions of (this) chapter." The state has not met this obligation.
- Instead, the state has reduced state hospital beds and shifted even more financial responsibility to RSNs by imposing liquidated damages on RSNs which are over their state hospital bed allocations.
- In 2005, RSNs have been assessed liquidated damages of over \$4 million, which must be paid from limited state-only funds. This reduces the capacity of RSNs to fund services which reduce the need for hospitalization.

### **RECOMMENDATION/LEGISLATIVE ACTION:**

- Re-open closed wards at the state hospitals to assure timely access to involuntary treatment for all those needing such treatment.
- End liquidated damages for RSNs which exceed bed allocations. In the Pierce County lawsuit against the state of Washington, Thurston County Superior Court ruled that liquidated damages were illegal. The state should accept this decision now so that RSNs have sufficient funds to provide hospital alternatives.